



Amendment Docket No.: 42390.P4487X

Patent

In re the Application of: Deborah L. See

(inventor(s))

Application No.: 09/675,578

Filed: September 29, 2000

For: INCREASED RELIABILITY OF DATA STORED ON FLASH MEMORY IN APPLICATIONS
SENSITIVE TO POWER-LOSS

(title)

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment for the above-referenced application.

 Applicant claims small entity status. See 37 CFR 1.27.

 No additional fee is required.

 X Copy of Information Disclosure Statement with form PTO-1449 filed on June 30, 2003

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 15	Minus	** 20	0	X9	\$	X18	\$
Indep. Claims	* 4	Minus	*** 3	1	X43	\$	X86	\$ 86.00
<div><input type="checkbox"/></div> First Presentation of Multiple Dependent Claim(s)					+145	\$	+290	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 86.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on June 4, 2004

Date of Deposit

Deborah A. McGovern

Name of Person Mailing Correspondence

Deborah A. McGovern
Signature

June 4, 2004

Date

X A check in the amount of \$ 86.00 is attached for presentation of additional claim(s).
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
 Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

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 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

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BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 6/4/2004

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